

**Board of Nursing Home Administrators**

912 Wildwood, PO Box 570, Jefferson City, MO 65102

Phone: (573) 751-3511 Fax: (573) 526-4314

E-mail: diana.love@dhss.mo.gov Web: <http://www.dhss.mo.gov/BNHA>**Application for License Renewal**

To renew your Nursing Home Administrator's license, complete and submit this form to the above address by May 30, 2006. Include a check payable to "Department of Health and Senior Services" in the following amount: \$50 if your license number ends in an odd number and \$100 if your license ends in an even number. The \$25 late fee does not apply until July 1, 2006.

Step 1 of 4 – Update Official Board Information

Name: _____ License No.: _____
Address: _____ Telephone No.: _____
City, State, Zip: _____ Email Address: _____
Facility Name: _____ Current Position/Title: _____
Address: _____
Date Employment Began in Current Position, if Administrator: _____

REQUEST FOR RETIRED LICENSURE STATUS: I, _____, being of lawful age and first duly sworn, state that on _____ (date), I retired from the practice of nursing home administration and hereby further state that I have maintained an active nursing home administrator license for at least ten years between the dates of _____ and _____ and, that these statements are true and correct according to my best knowledge and belief. I understand that I cannot act or serve in the capacity of a nursing home administrator or hold myself out as a nursing home administrator once the license is retired. In addition, I further understand that a retired license shall remain subject to disciplinary action for violations of Chapter 344, RSMo and the rules promulgated there under. Please sign, notarize and return with the \$25.00 fee and your wall license to the address listed above on or before June 30, 2006.

SIGNATURE

Step 2 of 4 - Statutory Questions

1. Have you ever been charged with, arrested for, or convicted of an offense involving the operation of a nursing home or other health care facility? ☐ Yes ☐ No
2. Have you ever been charged with, arrested for, or convicted of a crime, an essential element of which is dishonesty, fraud or moral turpitude? ☐ Yes ☐ No

If you marked yes to either question, please attach explanation.

Step 3 of 4 - Notarized Signature

I hereby certify that all information provided on both sides of this application is true and correct to the best of my knowledge and belief and that all supporting documents will be maintained in my files for four years. Falsification of information may constitute grounds for discipline of the license pursuant to Section 344.050, RSMo.

**MUST BE SIGNED IN
PRESENCE OF NOTARY**

SIGNATURE



NOTARY PUBLIC EMBOSSE OR
BLACK INK RUBBER STAMP SEAL

STATE OF _____

COUNTY _____

SUBSCRIBED AND SWORN BEFORE ME, THIS
DAY OF _____ YEAR _____

USE RUBBER STAMP BELOW

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

Step 4 of 4 – Certification of Continuing Education for Renewal (do not attach evidence of clock hours completed for renewal)

► **Seminars – must include a minimum of 5 hours in patient care (PC)** (please copy if additional space is needed):

OFFERING TITLE	MOBNHA OR NAB APPROVAL NUMBER	SPONSOR	DATE	CLOCK HOURS “A” OR “PC”

► **On-line Program(s):** Please list, up to a maximum of 10 clock hours, any MO BNHA-approved on-line program(s) you completed for license renewal.

OFFERING TITLE	MO BNHA APPROVAL NUMBER	SPONSOR	DATE	CLOCK HOURS “A” OR “PC”

► **Other methods of earning clock hours:** A maximum of 5 clock hours toward the 20 may be awarded for the following: publishing health-care related articles of at least 1500 words [see 19 CSR 73-2.050(3)(B) 1-2]; serving as a preceptor for a nursing home administrator-in-training (1 clock hour for each full month serving as a preceptor), and; lecturing at a board-approved seminar (1 clock hour for each hour of presentation time up to a maximum of 3 hours, which can be in addition to actual hours of attendance at the seminar).

Name of Article Published and Journal, Name of AIT or, Presentation Title	Date Article Published, Date of Internship, or Date of Program	Sponsor	BNHA Approval Number (if applicable)	Number of Clock Hours Requested

2005 CARRY OVER HOURS _____ + HOURS EARNED _____ = TOTAL HOURS _____ - 20 HOURS = _____ 2006 CO HOURS